

New Britain Parks and Recreation Department
27 West Main Street, Room 302, New Britain, CT 06051

2010 CAMP TOTALREC REGISTRATION FORM

OFFICE USE ONLY

Init. _____ Date _____
Cash, Check or CC _____
Check# _____ Amount\$ _____

PARTICIPANT INFORMATION

PARTICIPANT'S NAME:			TOTAL FEE ENCLOSED:		
ADDRESS:		CITY:		ZIP:	
HOME PHONE:		EMERGENCY PHONE: (OTHER THAN HOME)		EMERGENCY CONTACT:	
BIRTHDATE:		AGE:		GRADE(2009-2010)*	
				GENDER (CIRCLE ONE):	
				MALE FEMALE	
WILL PARTICIPANT RIDE BUS? (CIRCLE ONE)		CAMP ATTENDING (CIRCLE ONE)		BUS STOP INFORMATION (PLEASE REFER TO SUMMER BUS SCHEDULE ON PAGE 4)	
YES NO		A.W. WILLOW STREET		A.M. BUS STOP _____ P.M. BUS STOP _____	
*CHILD MUST HAVE COMPLETED FIRST GRADE				IS CHILD ATTENDING SUMMER SCHOOL? (CIRCLE ONE) YES NO	

I, the undersigned, being desirous of participating in the above designated the event/program being sponsored by the Department of Parks and Recreation of the City of New Britain, do state and agree to the following terms and conditions of participants:

1. I agree and understand the nature and risks associated with this activity, including the risks of suffering personal injury and/or property damage during the course of the event/program.
2. I understand this event/program is a non-profit recreational event and agree to waive on my behalf, or the behalf of the participant, and claim I and/or the participant may have against the City, any agent or employee of the City, any sponsor of the event/program, or any volunteer assisting in the event/ program as a condition of my participation.
3. If the participant in the event/program is a minor (under the age of eighteen (18) years old), I represent that I am the parent or legal guardian to consent to such minor's participation in this event/program.
4. I give permission to the New Britain Parks & Recreation Dept. to photograph and video tape myself and my heirs.
5. This also gives permission for my child to be transported off camp grounds for special field trips without additional permission. Ample notification of trips will be given.

OFF SITE VISITS MAY INCLUDE:

ROOSEVELT MIDDLE SCHOOL, CHAMBERLAIN ELEMENTARY SCHOOL, CENTRAL PARK, A. W. PARK, WALNUT HILL PARK, CHESLEY PARK, STANLEY QUARTER PARK, AND WILLOW BROOK PARK.

SIGNATURE _____ DATE _____ EMAIL ADDRESS: _____

GUARDIAN INFORMATION

GUARDIAN NAME:		RELATIONSHIP:	
ADDRESS:		CITY:	
		ZIP:	
HOME PHONE:		WORK PHONE:	
		CELL PHONE:	

SECOND CONTACT IN CASE OF EMERGENCY INFORMATION

NAME:		RELATIONSHIP:	
ADDRESS:		CITY:	
		ZIP:	
HOME PHONE:		WORK PHONE:	
		CELL PHONE:	

If necessary, the following individuals have permission to pick up my children. (A VALID ID IS REQUIRED)

NAME:	PHONE NUMBER(S):	RELATIONSHIP:
NAME:	PHONE NUMBER(S):	RELATIONSHIP:
NAME:	PHONE NUMBER(S):	RELATIONSHIP:

IN ORDER TO BETTER SERVE YOU THE FOLLOWING INFORMATION IS NEEDED:

DOES PARTICIPANT SPEAK ENGLISH? (CIRCLE ONE) YES NO

IF NOT WHAT IS PARTICIPANT'S PREDOMINANT LANGUAGE? _____

ARE SPECIAL ACCOMODATIONS NECESSARY FOR PARTICIPANT TO PARTICIPATE IN CAMP ACTIVITIES? (CIRCLE ONE) YES NO

DOES PARTICIPANT HAVE SPECIAL NEEDS (CIRCLE ONE) ? YES* NO

*IF YES, PLEASE SEE BOX TO THE RIGHT.

*IF YES, GUARDIAN IS RESPONSIBLE FOR COMPLETING HEALTH FORM A AND ATTACHING IT TO THIS APPLICATION.

SPECIAL NEEDS MAY INCLUDE THE FOLLOWING:

(PLEASE CHECK APPROPRIATE BOX OR BOXES)

- | | |
|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Attention Deficit Disorder (ADD) |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Attention Deficit Hyperactive Disorder (ADHD) |
| <input type="checkbox"/> Learning Disability (LD) | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Requires Medication | <input type="checkbox"/> Mental Retardation |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Social/Emotional Maladjustment (SEM) |
| | <input type="checkbox"/> Other Please Specify _____ |

SEE OTHER SIDE

CAMPER NAME: _____

Fill out this form for **ONLY** the weeks & trips for which payment is enclosed.

CAMP PLEASE CHECK (✓) CAMP & WEEKS ATTENDING

A.W. CAMP GRADES 1 & 2 (✓) <input type="checkbox"/>	WILLOW ST. CAMP GRADES 3-5 (✓) <input type="checkbox"/>	WEEKLEY DATES	FEE	FILL IN PAYMENT FOR WEEK(S) ATTENDING
Week 1: 2001-1	Week 1: 2011-1	06/21/10-06/25/10	\$15.00	
Week 2: 2001-2	Week 2: 2011-2	06/28/10-07/02/10	\$15.00	
Week 3: 2001-3	Week 3: 2011-3	07/06/10-07/09/10	\$15.00	
Week 4: 2001-4	Week 4: 2011-4	07/12/10-07/16/10	\$15.00	
Week 5: 2001-5	Week 5: 2011-5	07/19/10-07/23/10	\$15.00	
Week 6: 2001-6	Week 6: 2011-6	07/26/10-07/30/10	\$15.00	
Week 7: 2001-7	Week 7: 2011-7	08/02/10-08/06/10	\$15.00	
SUBTOTAL CAMP FEES:				+
CAMP TOTAL REC T-SHIRT		Grades 1&2: Activity #: 2901-1	\$10.00	
		Grades 3-5: Activity #: 2902-1	\$10.00	
TOTAL COMBINED CAMP REGISTRATION AND CAMP T-SHIRT FEES:				+

TRIPS

A.W. & WILLOW ST COMBINED TRIP	ACTIVITY NUMBERS		TRIP DATE	REGISTRATION DEADLINE (2 weeks prior)	FEE	FILL IN PAYMENT FOR TRIP(S) ATTENDING
	A.W (Grades 1&2)	Wilow Street (Grades 3-5)				
Quassy Trip	2003-1	2013-1	07/28/10	07/14/10	\$17.00	

A.W. CAMP					
TRIP	ACTIVITY NUMBER	TRIP DATE	DEADLINE	FEE	
4-H Farm	2002-1	07/08/10	06/24/10	\$12.00	
Berlin Bowl	2004-1	07/20/10	07/06/10	\$11.50	

WILLOW STREET CAMP					
TRIP	ACTIVITY NUMBER	TRIP DATE	DEADLINE	FEE	
NB Rock Cats	2012-1	06/30/10	06/16/10	\$8.00	
CT Science Center	2015-1	07/07/10	06/23/10	\$16.00	
SUBTOTAL TRIP FEES:				\$	+

PAYMENT DUE NOW

MAKE CHECKS PAYABLE TO: NEW BRITAIN PARKS AND RECREATION DEPARTMENT

TOTAL COMBINED FEE:
CAMP, T-SHIRT & TRIP(S)

\$

DUE AT TIME OF REGISTRATION

=

FILL OUT THIS FORM FOR ONLY THE WEEKS AND TRIPS YOU ARE ENCLOSING PAYMENT FOR TODAY.